

## Registration Form - Community Art Center Classes for Children and Teens

Class Title	Date(s)	Tuition
<i>First Choice</i>		
<i>Second Choice</i>		
<b>Total \$</b>		
<i>Name</i>	<i>Age and Birthdate (if under 18)</i>	
<i>Address</i>	<i>Parent or Guardian Name</i>	
<i>City State ZIP</i>	<i>Please describe any medical conditions that we should be aware of.</i>	
<i>Home Phone</i>	<i>School</i>	
<i>Work Phone</i>	<i>How did you hear about our program?</i>	
<i>E-mail address</i>		

Mail registration form and make checks payable to:

Community Art Center  
Towson University  
8000 York Road  
Towson, MD 21252-0001



Check

Credit Card (Visa, MasterCard or Discover)

*Cardholder's Name*

*Signature*

*Account #*

*Expiration Date*

I give permission for the Community Art Center to use my child's photo in the brochure.  Yes  No